S. No. 1.

S. S

See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND
County Garrel 15631	CERTIFICATE OF DEAT
SIM DON	Registration Dist. No.
Villago or City MA Latio Muto(No.	St.; Ward) [if deal a hospital
2 FULL NAME HORRY Willia	m Biggs give its of street
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILLOWN Hal 114 0 - OR DIVORCED OR DIVORCED	16 DATE OF DEATH ATA (Month) (Day)
Mille While (Write the word)	t HEREBY CERTIFY, That I attended dec
6 DATE OF BIRTH	man, 1915, to 12/2
7 ACF (Month) (Day) (Year)	that I last saw h alive on
70 1/ 1 day,hrs.	and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:
yrs. T mos. ds. OR min.?	THE CAUSE OF BEATH & Was as follows.
8 OCCUPATION (a) Trade, profession, or Day Laborer particular kind of work	Jack and at Delenter
(b) General nature of industry	
business, or establishment in which employed (or employer)	(Ouretion) yrs.
9 BIRTHPLACE (State or country) Garrist Co. Illd	Secondary (Duration)
10 NAME OF STATHER STATE OF BIRGO	(Signed) D. L. Brackware
Un il BIRTH PLACE	Paper 19, 191 5 (Address) On Saint
TERRIFICACE OF FATHER (State or eountry) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 M	*State the Disease Causing Death, or, in deaths fro Causers, state (1) Means of Injury; and (2) whether A Suicidal or Homicidal.
of MOTHER Odish Chun Saugh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS
13 BIRTHPLACE OF MOTHER (State or country) Garrett Co. Illd.	OR RECENT RESIDENTS) At place tn the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) New La Co Johnson	Former or usuel residence
(Address) Leleburg W. D.a.	19 PLACE OF BURIAL OR REMOVAL DATE OF E
Fled Sept. 19 1915 MSWhite	20 UNDERTAKER ADDRESS
A REGISTRAR	N. E. Martin Oares
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DEATH

ed above, at

deaths from VIOLENT whether ACCIDENTAL,

STITUTIONS .- TRANSIENTS,

_____yrs. _____ mos. ____ ds.

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

ded deceased from

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, tion is very important, so that the relative healthful--('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil ver, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidenic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,") unqualified, is indefinite); Taberculosis of lungs, menin-

on statement of cause of death surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF VIJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, mus," on Nomenclature of the A under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Repolect wound of "PUERPERAL politonitis," etc. State enuse for which suicide. The nature of the injury, as fracture of skull cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valrular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness, The contributory (secondary or intercur-"Dropsy," approved by Committee of Medical Association.) (Recommendations Never report mere "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

15632



STATE OF MARYLAND

County Farrett	CERTIFICATE OF DEATH
O'dity was a second sec	Registration Dist. No. 62
Village or City Jenning (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White of Single, Married, Wisowed, Wood of Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
S DATE OF BIRTH Self 1st, 1915- (Month) (Day (Year)	
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry.	This born
business, or establishment in which employed (or employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country)	Secondary
11 BIRTHPLACE OF FAYHER (State of country) 12 Manual Man	(Signed) P. C. Down mos ds. (Signed) P. C. Down mos ds. (Address) Lantavilland *State the Disease Causing Death on in deaths from Warner
12 MAIDEN NAME OF MOTHER PUBLICA A Shoves 13 BIRTHPLACE OF MOTHER (State or country) W Y	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John T. Blocher	Where was disease contracted, it not at place of death?
(Address) eming and 15 Filed 1917, 1815 Denny 50 Portage REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conihenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N.B.

County.

Village or City

1 PLACE OF DEATH

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. -Every Item of Information should be CAUSE OF DEATH in plain terms, s

5633

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred la a hospital or institution, give its NAME Instead ot street and number.]

Bradwate 2FULL NAME.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 s	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Supt 27 , 1915 (Month) (Day (Year)
6 D	ATE OF BIRTH Supt 5 , 1915	that I last saw have on System 19152.
7 A		and that death occurred on the date stated above, at
pa (a)	CCUPATION) Trade, protession, or ricular kind of work	from a history of the cur
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 B	10 NAME OF FATHER MATERIAL & Burney	Contributory Secondary [Duration] yrs mos ds. (Signed) A Aboucher M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Gantt Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. Where was disease contracted,
	(Interment) Huseur Breadwale	If not at place ot death?————————————————————————————————————
16 Fil	ed Seft 28, 1915 - Slevel yorkeel	20 UNDERTAKER Pare Borce Barton March Barto

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal perilonitis," etc. State cause for childbirth or miscarriage as eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. ample: Mcastes (disease eausing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL seplichue-Never report Of



1 PLACE OF DEATH

Coun	ry Garrett 15634	CERTIFICATE OF DEATH
deg	m Al	Registration Dist. No. 163
Villag	ge or City I muly the (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
396	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 OATE OF DEATH COLOR (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw h alive or 191 , 191 ,
7 AG	1 11 1 100 11	and that death occurred on the date stated above, at
no (a par	OCUPATION) Trade, profession, or rlicular kind of work) General nature of Industry	Den in the
whi	siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary
S	10 NAME OF FATHER FORDER Sacris,	(Signal 191 (Address) 1 August 191 (M. C.
RENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	of Mother Well Wales,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	OR RECENT RESIDENTS) Al place In the of deathyrsmos,ds, State,yrs,mos,ds, Where was disease contracted,
14 TI	(Informani) A Grow A Goog	If not at place of death?
15	(Aporess) Docueer to Ma	Somulation BEMOVAL OATE OF BURIAL
	ed 1, 1313 Alleley, REGISTRAR	Defferock Superior
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death write None state occupation at beginning of illness. Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day labarer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonilis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Struck by railway train-accident; Revolver wound of cause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiai ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), The contributory (secondary or intercur-Never report mere "Atrophy,"



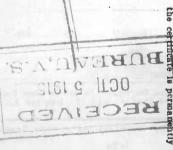
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH should ion is Registered No. [if death occorred in St: Ward) a hospital or institution. RECORD give its NAME instead of street and comber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH SEX 4 COLOR OF RACE MARRIED. WIDOWED. (Day) Write the word) 1 HEREBY CERTIFY, That Lattended decessed from 6 DATE OF BIRTH (Month) 7 AGE If LESS than 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. ERV business, or establishment in UNFADING which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARGIN 11 BIRTHPLACE 191..... (Addross) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER ions plsi 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, ds. DEATH Where was disease contracted. 14 THE ABOVE IS TRUE T If not at piace of death?... Former or OF nsual residence Important. Every ite DATE, OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, sources State Registrar, 6 E. Franklin St., Baftof, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. childbirth or miscarriage, as "Purperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion, thonla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for or as probably Examples:



W. S. No. 1.

8

SICIANS should OCCUPATION IS PHYSICIANS RECORD ō PERMANENT classified. suppiled. pe may should plain Instructions = EATH 0 Item E OF mportant. CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fif death occurred in St:----Ward) a hospifal or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED,
ORDIVORCED
Write the word) (Month) (Day) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER OF FATHER (State or country) PARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER of death _____ yrs. mos. .. (State or country State yrs, mos, ds. Where was disease confracted. If not at place of death? Former or (Informant) usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 1910 20 UNDERTAKER ADDRESS RECISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

Ing mal

LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puraperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maran genital," "Seniie," etc.), "Dropsy," "Exhaustion," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can State cause for Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Y. S. No. 1.

PLACE OF DEATH A 5637	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, WIDDWED, WIDDWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH (Month) (Day) (Year) 7 AGE (I LESS than	that I last saw her alive on begin 1915, 1915 and that death occurred on the date stated above, at 7 m.
26 yrs. 10 mos. 26 ds. ORmin.? **Coccupation* (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment to which employed (or employer)	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) Garrett Co Ind	Gontributory (Secondary) (Daration) yrs mos ds.
10 NAME OF FATHER LEVZ Fike 11 BIRTHPLACE OF FATHER (State or country) Lassett Co 12 MAIDEN NAME OF MOTHER A OF MOTHER	(Signed)
of Mother Gelle Struble 13 SIRTHPLACE OF MOTHER (State or country) Janett Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Intermant) Playford Frend (Address) Frendsulle Md FTd	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sand Spring Life M. 3, 1915
Flied Stap 1919 RECISTRAR If more blanks are needed, address State Registrar	20 UNDERTAKER ADDRESS Hazelton F, 6 E. Franklin St., Balton, Requesting V. S. No. 1 2 2 2
	Jh. Va



[Approved by U. S. Census and American Fublic Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner: (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpersal scotichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29; ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Saux 15638	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 164
Village or Gily Accident (No. No. No. No. No. No. No. No. No. No.	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale white Single, Married, Wissoner, Word or Birth Oef 1/7, 1896	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify, That I attended deceased from Auly 1915, to 1915,
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs & Contributory Secondary
10 NAME OF FATHER Samuel A Miller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 14 MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Ceicle M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) August A Miller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
Heddelp 22 1915 John J Richter REGISTRAS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept 14 1916 - 20 UNDERTAKER ADDRESS SUMMAN COMMENT AND RESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer, additional line is provided for the latter statement; causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupaof various pursuits can be known. The question If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitie," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
00T 5 1915
BUREAU, V.S.

.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1. N.B.

1 PLACE OF DEATH

15696

County Gunett	CERTIFICATE OF DEATH Registration Dist. No. 166
Village or City Oubland (No	St.; Ward) [If death eccurred in a hospital or institution, give lis NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WE WOULD OR OIVORCED (Write the word)	16 OATE OF OEATH (Month) (Day) (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH May 10 A 1851 (Month) (Day) (Year) 7 AGE If LESS than	that I last saw h walive on and that death occurred on the date stated above, at 34, m.
a language of state o	The CAUSE OF DEATH * was as follows: Cucha & remain thouse. Just not on the Cer 4 time of death & down from immediate Care. (Buration) yrs. mos. ds.
Which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Ouration) yrs, mos. ds. (Signed) (Ouration) yrs, mos. ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEGGE (Informant) 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	if not at place of death ? Former or usual residence
(Address) Open and Amel. 15 Filed Oct. 1st., 1915 Filed L., REGISTRAR If more blanks are needed, address State Registrar, 1915	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OUT 10t, 1915 20 UNDERTAKER ADDRESS Outland, Md.
It more blanks are needed, address State Registrar, I	to w. parawga pt., parw., nequesting v. c. 110. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servont, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseemployed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer, mobile factory. mill; (a) Salesman, (b) Groccry; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Lab Dealer," etc., without Locomolive engineer, If retired from "Laborer," (b) Autofilore

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated mus," under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by roilway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths "PUERPERAL perilonilis," etc. State eause for which birth or miscarriage as "Puenperal septichaemia," eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Colchopmeumonia (Secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic rabulor heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... nema" (merely symptomatic), "Atrophy," "Col.," "Coma," "Convulsions," "Debility" ("Con-"Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

N. B.

1 PLACE OF DEATH

15640

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	170

Village or City (No	St.; Ward) a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Male While Single, Widowed, Willed the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH Left (Month) (Day (Year)	that I last saw h Line alive on Left 16 TV ,191.6
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Auc to prince time of the mos. ds.
9 BIRTHPLACE (State or country) And 10 NAME OF FATHER Melson Loancastu 11 BIRTHPLACE OF FATHER (State or country) Md 22 Million Monther Of M	Contributory Secondary (Boration) yrs mos ds. (Signed) Latt 1917, 1915. (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Mily & Bane 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) Helan Zancastu (Address) Avilton My.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed , 191 REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS Willow Md
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceiture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report

If this eertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT. 4 1915

BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH CCUPATION Registered No. fit death occurred inWard) a hospital or Institutico. RECORD giva its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word) (Dav) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) TAGE If LESS than 1 day hrs. BOCCUPATION AGE (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0 0 11 BIRTHPLACE terms, ARENT OF FATHER should State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions information 18 LENGTH OF REBIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country ot death yrs. mos. ds. DEATH State _____ yrs, ____ mos. Where was disease contracted. If not at place of death?. Former or OF usual residence mportant. Every Ite DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If mere blanks are needed, address State Registrar, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

BINDING

iApproved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of iliheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tudereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. ture of the American Medical Association.) scpsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viccause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



1 PLACE OF DEATH

Cour	PLACE OF DEATH Surette	STATE OF MARYLAND CERTIFICATE OF DEATH
	ige or City Wodson (No.	Registration Dist. No. St.; Ward) [If death occur a hospitat or instit give its NAME is of street and num
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 OATE OF DEATH Seff- 24, 1 (Month) (Day)
6 DA	Mov (6 1901 (Year)	that I last saw h a alive on Seff 23
7 AG		The CAUSE OF DEATH * was as follows:
(a par bu bu wh	CCUPATION a) Trade, profession, or criticular kind of work b) General nature of industry sisiness, or establishment in hich employed (or employer)	(Duraflon) yra. mos
	10 NAME OF FATHER 1 ASA 1	Secondary (Buration) yrs. mos. (Signad) & Copeland
RENTS	11 BIRTHPLACE OF FATHER (State or country) Grant CO Wha	State the DISEASE CAUSINO DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country) Wilton La Wha	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At placa In the state of deathyra,mes. Slele,yra,mes.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, If not at place of death? Former or usual residence
14 T	(Informant)	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Forenian," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. business or industry, and therefore an additional line tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully The material worked on may form part Locomotive engineer, But in many cases, The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uracınia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., scpsis, titanus) may be stated head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonilis," etc. birth or miscarriage as "PUERPERAL septichuemia." etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart discuse; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull railway The contributory (secondary or intercurtrain-accident; State eause for which Never report mere Revolver (Recommendations mound



BINDING

FOR

RESERVED

MARGIN

Coun	ty Land 15643	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City III III (No. ,,,,,,,,	St.; Ward) [If death occur a hospital or inst give lis NAME of street and nu
4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEI	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	OATE OF OEATH SELEN (Month) (Day)
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
7 AGI		and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
2 par	CUPATION) Trade, profession, or trade, profession, or trade, profession, or trade) General nature of industry liness, or establishment in	(Duffel Cearly Tree mos.
whi	ch employed (or employer)	III Time of the
whi	RTHPLACE (State or country)	Contributory la sluga Ciaus in titus de Secondary 10.6 (Durallon) yrs mos
S L S BI	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIGEN NAME	Contributory lo plum Cias in the de Secondary Secondary (Signed) (Signed) (Address (Address
PARENTS II8 6	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from Vio CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDES SUICIDAL OF HOSPITALS, INSTITUTIONS, TRAI OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAI OR RECENT RESIDENCE In the of deeth yrs. mos. ds. Slale, yrs. mos. Where was disease contracted,
SENTS STATE	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER (State or country)	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accident Suicidal of Homicidal. (ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Trail or Recent Residents) Al place of deeth yrs. mos. ds. Slale, yrs. mos.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question Architect, Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (discuse causing death), 29 ds.; rent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of or nusearriage "Old Age," "Shoek," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercur-25 "Puenperal septichaemia," "Dropsy," Never report mere (Recommendations "Atrophy," "Exhaustion," ("Con-Bron-



state

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS	Every item of information should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may be properly class important. See instructions on back of certificate.
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12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

15

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in -Ward) a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, OR DIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at J. 445 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPUNCE ARENT OF FATHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

OR RECENT RESIDENTS At place In the of death _____ yrs. ___ mos. ___ State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?...

Former or usual residence.

The Germany me	PATE OF BURIAL
20 UNDERTAKER	ADDRESS -112

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up ou account of the nisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the misrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Garrett 15645	CERTIFICATE OF DEATH
	Registered No. 166
Village or City (No. 2)	St; Ward) [If death occurred a hospital or institution give its NAME inster
* FULL NAME James Was	hington Mason of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX COLORONRACE Sangle, MARRIED, WIDOWED, ORDIVORED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h (alive on Den 27 191)
7 AGE If LESS fhan	and that death occurred on the date stated above, at 4 Cl m
The state of the s	The CAUSE OF DEATH* was as follows:
Trs	- Agranda - Agra
(a) Trade, profession, or Harmer	12 malely
(b) General nature of industry,	, Pag.
business, or establishment in Harmung.	(Duration)rrsmosds
BIRTHPLACE (State or country) allengue & my	(Secondary) Meles (Recolary)
10 NAME OF FATHER Jarvis MgC. Musou	(Signed) 27 L. Brandon, M. D.
Z (State or country)	12/21 29, 191 (Address) On algorith Zund
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) The leaves Co. Tha.	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Stype H. Masone	Former or usual residence
(Address) Sakland Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Ock, 104, 1915 MSWfite REGISTRAR	20 UNDERTAKER ADDRESS
	2. 10 Wantill Ca Dalle De Constant aglory W. Va.
A month of the state of the sta	r, 6 E. Frankiin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing distribution with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgsepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puesperal peritonitis," etc. childbirth or miscarriage, as "Purrerral septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras" genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of ture of the American Medical Association.) The contributory (secondary or intercurrent) (name origin; "Can-State cause for Examples: OI



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

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	PLACE OF DEATH	STATE OF MARYLAND
_	James 15646	CERTIFICATE OF DEATH
C	ounty / aurus	Registered No! 166
٧	Village or City Diewy (No.	St; Ward) [It death occorred in a hospital or institution,
	FULL NAME aug for ophine	Macrose give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	Lunch Whig (Write the word)	16 DATE OF DEATH 27 (1 (Month) (1 (Day) (Yest) 17 HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH (Month) (Day) (Year)	that I leat saw h 42 slive on Dell 7" 1985
TA		and that death occurred on the date stated above, at
pa pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work. General nature of Industry, iness, or establishment in	(Doration) yrs mos to
	ch employed (or employer) IRTHPLACE tate or country) M	(Secondary)
ENTS	10 NAME OF FATHER Morris Muccisis 11 BIRTHPLACE OF FATHER	(Signed) (Signed) (Signed) (Signed) (Signed) (M. D. Ally Ma)
PAREN	(State or country) 12 MAIDEN NAME JALLA MAS Frumd	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suigidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) My	At place in the of death yrs, mos, ds. State yrs, mos, ds.
	Informant) The BEST OF MY KNOWLEDGE: (Informant) Mellou	Where was disease contracted, It not at place of death? Former or usual residence.
15 Fik	Address) Oorland Ceramy of Sept 48 # 1915. White	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Countries 20 UNDERTAKE THE First JADDRESS 1
Y	D. K. REGISTRAR	The long on wareland
	If more blanks are needed, address State Registrat	r, o m. sranklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs,). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid . Housekeepers fication, as Day laborer, Farm laborer, Laborer, "Manager," "Dealer," etc., material worked on may form part of the second statement. Never return "Lahorer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the If retired from husiness, that fact may be indi-Women at home, who are engaged in the -Precise statement of occupawithout more precise speciis examples:

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails sensis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unicss important. valvular heart disease; Chronic interstitial nephritis dent; Revolver wound of head-homicide; Poisoned Accidental drawning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory Sarcoma. etc., of ... Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can or as probably Never repor Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

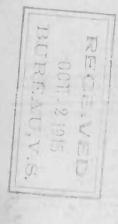
PLACE OF DEATH 15647	STATE OF MARYLAND CERTIFICATE OF DEATH		
County	Registration Dist, No. 162		
Village or City Stantoville (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKED, WOOMED, ADDIVIDED (Write the word)	18 DATE OF DEATH SM /8 /9/5 (Month) (Day) (Year)		
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 191 5		
7 AGE it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at \$1.30 m, The CAUSE OF DEATH* was as follows:		
B OCCUPATION (a) Trade, profession, or particular kind of work	Choler Sufaulum		
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ourafion) yrs3 mosds.		
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs. mos. 4 ds.		
10 NAME OF Henry Merboch	(Signed) A Carrey, M. D.		
11 BIRTHPLACE OF FATHER (State or country) Gould bo Ald 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.		
of Mother Annil Bucker &	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?		
(Interment) Frantoville mad	Former or usual residence		
Filed 32 32 1945 Alerry Of Bulker	20 yndertaker appress hautavilles		
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Purreral scottchae scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," ample: Meastes (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

Village or City Dakland (No. ,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
Month (Day) (Yes	that I last saw he revalive on Sept 2.5, 1915,
TAGE In State In	and that death occurred on the date stated above, at 10 pm. The CAUSE OF DEATH ** was as follows: Longung to supply the state of the
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Buyunca Swan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	Contributory Secondary (Signed) (Signed) (Signed) (State the District Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) AS HOWEY	of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Les Park Miller 15 Filed Sept. 274, 1915 Miller D. Z. REGISTRAR If more blanks are needed, address State Registrar,	20 UNDERTAKER Bolden Darland M. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm labyer, Laborer—Coal mine, etc. Women at home, who are engaged in of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery: (a) Foreman, is provided for the latter statement; it should be used only when needed As examples: (a) Spinner, (b) Cotton write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever The material worked on may form part Architect, Locomolive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as Struck by railway to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deathis "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal septichuemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness." The contributory (secondary or intereurtrain-accident; Revolver wound "Dropsy," State cause for which Never "Exhaustion," ACCIDENTAL, report mere



[Approved by U. S. Census and American Public Health'
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, Irrespective of age. who have no occupation whatever, write None Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wlii be sufficient, e. g., ness of various pursuits can be known. The question tlon is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scheis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreral scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never repor is icss definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



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PHYSICIANS RECORD PERMANENT EXACTLY. 4 be UNFADING INK-THIS supplied. carefully WRITE PLAINLY, WITH pe Information should

state YSICIANS should OCCUPATION IS of properly classified. Exact statement pe may certificate. that 80 o DEATH in plain terms, See instructions on back of Information so CAUSE OF Important,

15650 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED. WIDOWED. ORDIVDACED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day,.....hrs. -min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

-Ward)

[if death occurred la a hospital or lostitution, give its NAME instead of street and number.]

MEDICAL	. CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Sept	Day	, 1915 (Year)
17 I HERES	Y CERTIFY, The		
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that I last saw ha			, 191
and that death occurred	on the date state	ed shows at	12 nos
The CAUSE OF DEATH*	on the gate stat	eu abore, at	
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U	(Duration)		
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(Signed) Isaac (S.	Aberno	they o	bocalk
Solal 6" ms	(Address) W	to se	W.b.
1			
*State the DISEASE (CAUSES, state (1) MEA	CAUSING DEATH,	or, in deaths f	rom VIOLEN
TAL, SUICIDAL, OF HOM	CIDAL.	and (2) when	der Acciden
18 LENGTH OF RESIDEN	CE (FOR HOSPITA	LS, INSTITUTIONS	TRANSIENT
OR RECENT RESIDENTS)	In the	ř.	
of death yrs mos			mos d
Where was disease contracted.		J 1 40 minutes	HIVO, Annahamad W
if not at place of death?		************************	***************************************
Former or			
usual residence	H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
PLACE OF BURIAL Q	RREMOVAL	DATE OF	BURIAL
escethren B	ereal trove	1 /elfes	-6,1915
29 UNDERTAKER		DADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: causing neart, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

pneumonia"); Lobar pneumonia; Bronchopncumonia brospinal meningitis"); Diphtheria (avoid use of icsis of lungs, meninges, peritonaeum, etc., Carcinfever (the only definite synonym is "Epidemie eereterm for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ecr" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State eause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over the roughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV161915

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1 PLACE OF DEATH

STATE OF MARYLAND

If death occurred in a hospital or institution. give its MAME Instead of street and number.]

1915

(Year)

1915...

(Month)	(Day)	(Year)	that I last saw harm alive on
		if LESS than	and that death occurred on the date stated above, at 8 m
	1	1 day, hrs.	
vrs mos	ds.	OR min.?	The CAUSE OF DEATH * was as follows:
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or	1 17		1/10000
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co-pon oc	NV /	1000	Sch 12, 181 5 (Address) Blans dery
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ountry 150	211		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
AME.		157	SUICIDAL OF HOMICIDAL.
790	nhe	Y Dema	10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
3.0		- 4	OR RECENT RESIDENTS)
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ountry) Minute			of death yrs. mes. ds. State, yrs. mos. ds
RUE TO THE BEST OF MY.	KNOWLE	DGE .	Where was disease contracted, If not all place of death?
	1. 2 31		Former or
oper las	ny)	usual residence
10 0			
. Hodelin	U	10%	19 PLAGE OF BURIAL OF BEMOGAL DATE OF BURIAL
			201. 18 Has dur Ry 13 1915
			20 UNDERTAKER ADDRESS
4, 191 3			20 UNDERTAKER ADDRESS ,
		REGISTRAR	1 / January & lee Somular
If more blenks are moded	addrose C	tata Baristesa	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
in more branks are needed,	auditess c	tato registrar,	The balance Del Date, Date, Delacting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. write Nonc. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Wonien at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, telunus) may be stated head-homicide; Poisoned by carbolic orid-prabobly Struck by railway train-accident; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERTERIAL septichaemia," cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of.... "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State- cause Never report mere (Recommendations Revolver ACCIDENTAL, mound



BINDING

PLACE County 40	OF DEATH	15652		60	STATE OF M. CERTIFICATE	OF DEATH
Village or City.	Strades	mills (No.	Lu.	(U)	Registration ([If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSO	NAL AND STATIS	TICAL PARTICU	LARS.	ME	DICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	idoves	16 DATE OF DEAT	TH Seff (Month	30 Th., 1915 (Day) (Year)
6 DATE OF BIR	38 efilem	eber 1/2	, 1/532 (Year)	that I last saw	BY CENTIFY, That I a 1915, to had had alive on	attended deceased from 1916
7 AGE . 83 Jul	-La yrs	mos / 8 ds.	If LESS than 1 day, hrs. OR min.?	-	occurred on the date DEATH * was as foll	stated above, at 2,45 / n ows:
(a) Trade, profe particular kind (b) General nature business, or est which employed (State or could be state or could be	f work	rd-Per	m-	Contributory Secondary	houte de	hjestier
C 12 MAIDE	PLACE BURNEY BURN NAME	you In	Derier.	(Signed)	1916 (Address) LA. DISEASE CAUSING DEATH, 1) YEARS OF INJURY: SIN	antivilla gr
13 BIRTH	or country)	Penni ST OF MY KNOWLE L Turn	EDGE :	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of deeth yro. mes. do. State, yrs. mes. Where was disease contrasted, the not at place of death? Former or usual residence.		
(Address	Frol	burs In	nd	19 PLACE OF BUR New Ge	muy Cin	DATE OF BURIAL
Filed Con	, 191 5	Henry	REGISTRAR	20 UNDERTAKER	2 Mary Care	Frostberg

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Form luborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesman, (b) Crocery; (o) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many eases, without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Struck by surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal septichuemia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childrailway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," wound of ("Con-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

	Village or City Dillage (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 66 St; Ward) [If death occurred a hospital or institution give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX COLOR OR RACE SEINGLE, MARRIED, WIDOWED, WID	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year) 7 AGE If LESS than 1 day,	that I last saw h
מל	**CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **The country of industry of indu	(Duration) yrs. mos. J. Gs. Gentributory (Secondary)
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State of Country) 13 MAIDEN NAME OF MOTHER (State of Country) 14 MAIDEN NAME OF MOTHER (State of Country)	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country): 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: (Informant): (Informant): (Informant)	At place in the of death yrs. mns. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.
	Filet Sept. 'Vok.', 1915 Months St., REGISTRAN If more blanks are needed, address State Registran	20 UNDERTAKER ADDRESS OF BURIAL PATE OF BURIAL 191. ADDRESS OF CLASS DAY OF BURIAL PATE OF BURIAL PAT

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age cated thus: Farmer (retired 6 vrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseass of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing definite same already affection with respect to the same and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"), Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Thermonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, perilonacum, etc... Carcin-

"Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senlle," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) cause of death approved by Committee on Nomencialnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage. as "Purrereal scptichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds., oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail. If will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STHE

